

Health Promotion Disease Prevention Council

February 15, 2011
Eden Hill Medical Center
3rd Floor Conference Room
Dover, DE

Attendees

Members

Attended	Michael A. Barbieri	State Representative
Attended	Vickie K. George	Yes You Can Corporation
Attended	Bethany Hall-Long, RNC, PhD	State Senator
Attended	Sandra G. Hassink, MD, FAAP	Nemours Children's Clinic
Attended	Patricia P. Hoge, PhD	American Cancer Society
Attended	Paul Kaplan, MD	Blue Cross Blue Shield Delaware
Did Not Attend	Ed Kee	Delaware Department of Agriculture
Did Not Attend	Rita Landgraf	Delaware Department of Health and Social Services (DHSS)
Attended	Robert Laskowski, MD, MBA	Christiana Care Health Services
Did Not Attend	Alan B. Levin	Delaware Economic Development Office
Did Not Attend	Lillian Lowery	Delaware Department of Education (DOE)
Did Not Attend	Kathleen S. Matt, PhD	College of Health Sciences at the University of Delaware
Did Not Attend	John G. Moore	United Way of Delaware
Did Not Attend	Collin O'Mara	Delaware Department of Natural Resources and Environmental Control (DNREC)
Did Not Attend	Vivian Rapposelli	Department of Services for Children, Youth and their Families
Attended	Paula Rose, MD, MPH	Allen Family Foods
Did Not Attend	Ann S. Visalli	Office of Management and Budget (OMB)
Did Not Attend	Karen Weldin Stewart	Delaware Department of Insurance
Did Not Attend	Carolann Wicks	Delaware Department of Transportation

Designated Representatives

Attended	Dr. Karyl Rattay	DHSS
Attended	Ray Bivens	DNREC
Attended		OMB

Did Not Attend
Attended

Leslie Ramsey
Brenda Lakeman
Linda Wolfe

OMB
DOE

Public Attendees/Others

Attended
Attended

Kate Salvato
Ilka Riddle

Bayhealth Medical Center
Center for Disabilities Studies,
University of Delaware
Center for Disabilities Studies,
University of Delaware

Attended

Eileen Sparling

BEP
University of Delaware
Delaware Physicians Care
Christiana Care
Westside Family Healthcare
Gov. Advisory Council for the
Blind

Attended
Attended
Attended
Attended
Attended
Attended

Anthony Padlini
Roberta Gealt
Kimberly Smalls
Paula Stillman
Sarah Noonan
Lloyd Schmitz

Staff

Attended
Attended
Attended

Fred Breukelman
Mary Kane
Jill Rogers

Division of Public Health
Concept Systems Inc.
Division of Public Health

Old and New Business

Welcome, Introductions and Questions

Dr. Sandra Hassink welcomed members and guests, and made preliminary remarks and reviewed the Council's progress thus far.

Concept Mapping

Dr. Hassink introduced Ms. Mary Kane of Concept Systems. Ms. Kane recalled that at the previous Council on Health Promotion and Disease Prevention (CHPDP) meeting members were tasked with developing a guiding question or focus prompt. Council members were to develop a prompt that all participants should be able to answer, and that should elicit content that directly relates to the issues and priorities that the Council has convened to address. Ms. Kane stated that council members were asked to provide feedback on the following focus prompts:

1. "A specific thing that needs to happen in order to promote healthy lifestyles and prevent chronic and lifestyle-related disease in Delaware is..."
2. "A specific thing that would help Delaware value health and take steps to be healthy is..."

Ms. Kane informed the council members that based on their feedback the best focus prompt for the project is “A specific thing that needs to happen in order to promote healthy lifestyles and prevent chronic and lifestyle related disease in Delaware is...”

Several council members expressed a desire to simplify the wording, and make it easier to understand. After questions and discussion, Ms. Kane suggested an alternate wording, which was adopted by the council. The new approved wording is:

“To promote healthy lifestyles and prevent chronic and lifestyle-related diseases in Delaware, a specific thing that needs to happen is . . .”

Ms. Kane stated that the brainstorming process will elicit a breadth of ideas from Council members and other identified key stakeholders regarding health promotion and disease prevention in the state of Delaware, and it will generate a list of statements that will become the basis for shaping the conceptual framework. She informed the council of the ground rules for the brainstorming process. The responses from the brainstorming session were:

- To eliminate food deserts in Delaware.
- Incentives for businesses to invest in healthy behaviors.
- Education and training for employees.
- Parent training and skill building around building healthy homes.
- Working with PTAs and PTOs – to ensure healthy snacks at school youth events.
- Engage with community centers – created attractive programs for people with disabilities.
- Modifying environment with sidewalks, bike lanes, improving built environment.
- Decision makers and key leaders understand and embrace importance of prevention.
- Increase tax on all tobacco products to be among top 5 in country.
- Disincentives – taxes on high energy dense foods, tobacco, etc.
- Incentives to promote public transportation.
- Need a “sticky” champion – maybe media – to promote this.
- Eliminate competitive foods in schools, just have healthy foods in schools.
- Promoting healthy foods in vending machines across the state.
- Including sporting venues.
- Healthy fast food – cheap, prepared, convenient and healthy.
- Expansion of insurance to cover health promotion and disease prevention services.
- A shift in emphasis from paying for sickness to paying for wellness.
- Employers be leaders in support of healthy work places and prevention efforts.
- Employers committed to not hiring smokers.
- Eliminate smoking on company properties.
- Change family norms to reduce fear factors. (Screen time is perceived as “safe.”)
- Expand urban parks and green spaces.
- Expand or create new urban gardens.
- Address and eliminate physical barriers to access to health care.
- Teach parents and children how to cook healthy and cheap.
- Bring Jamie Oliver to Delaware.
- Look at what works and learn from it. Look at major metropolitan areas, and rural models.
- Addressing mental health issues, including stress.
- Have support systems in place for behavior change.
- Physician education; physicians have a powerful voice.
- Physicians’ offices need to be hubs of healthy lifestyle promotion and activity.
- Community outreach consortium that promotes free and low-cost services.

- Partner with farming communities for more fresh fruit and vegetable stands.
- Bike loan programs in urban areas or state parks.
- Sell healthy foods at check-out counters.
- Mandatory doctor visits annually.
- Break down barriers that prevent access to facilities or services (schools).
- Discounts similar to “safe driving” programs for healthy behaviors.
- Faith-based programs working with insurance program incentives in urban and rural areas.
- Message that Delaware takes an interest in your health in places that everybody goes, like the DMV.
- One or two consistent messages throughout the state targeted to different demographic groups.
- Eliminate super size.
- Portion control.
- Make it easy for people to do what’s in their interests.
- Lay health coaches.
- Affordability of healthy foods, fitness facilities, etc.
- Anyone in health services working with clients needs same education about prevention and healthy behaviors.
- Use teachable moments, like when people are hospitalized.
- Mentoring for pregnant women. More direct outreach for pregnant women to help with lifestyle choices.
- Targeting to people with different backgrounds – education, means, ability, desire.
- A Delaware Day, like the Smokeout, to promote health.
- Bring prevention issues to the table in every government discussion.
- Consistent messages.
- Maximize resources by coordinating efforts. Multiple groups working toward same goals.
- Promote best practices that are already happening.
- How do you use the concept that the community is the health care system for prevention and health promotion. Community buy-in to the concept.
- Linked in a way we haven’t been linked before.
- Use clergy to send messages.
- Volunteers for health in the community.
- Prevention is a team sport.
- Use funds from disincentives to fund hospitals, FQHCs, to do community health promotion. Like an anchor store at mall.
- Hospital volunteers do aggressive outreach to specific communities or neighborhoods.
- Use funds from disincentives for schools to teach children about healthy food options.
- Food standards implemented in places where children spend their time – schools, child care, etc.
- Community needs to model same behaviors as schools enforce on their children.
- Encourage parents to send healthy foods (e.g. strawberries) to school instead of cupcakes and cookies.
- Improve health literacy. Know bodies; understand how what happens now will affect health later.
- Improve understanding of chronic disease management through education and incentives.
- Building a system that ensures coordination.
- All Delawareans need a medical home.
- Consider needs of people with specific, existing conditions.
- Use academic institutions for resources.
- Build “community” (support groups) within communities.
- Research on fixing and solutions, how to get systems to work. Experiment with models.
- Translating research to practice.
- Understand gaps.
- Use consortium to coordinate messages and programs to communities.
- Use technology, new and creative ideas for education and outreach.

After concluding the brainstorming session Ms. Kane informed council members that key stakeholders will be invited via email to participate in the brainstorming through the project

concept mapping website. She state the brainstorming website will remain open for approximately two weeks, and that participants can also respond via fax or phone if they prefer.

A short discussion ensued regard the types of groups or individuals who should ask to provide input. Members suggested education representatives, teacher's union members, grocers, farmers, community service organizations, media, the Chambers of Commerce and voluntary such as the American Heart Association (AHA), American Lung Association (ALA), American Cancer Society (ACS), and American Diabetes Association (ADA). Dr. Patricia Hoge suggested that an effort be made to ensure responses from state cabinet officials who have not been able to attend the CHPDP meetings.

Senator Bethany Hall-Long stated that the 2004 Chronic Illness and Disease Management Task Force report might provide useful background for the council. A link to the report has since been added to the resource list on the CHPDP web page:

http://dhss.delaware.gov/dph/dpc/files/chpdp_resourcelist_rev.pdf

Burden Report

Fred Breukelman stated that per Executive Order 19 the council is to “conduct an assessment of the burden of lifestyle-related diseases in the State of Delaware.” Mr. Breukelman gave a PowerPoint presentation that provided the examples of previous burden of disease reports, and laid out a suggested outline for the Council's report:

- I. Introduction
 - a. Review of previous reports on cancer, tobacco, diabetes and asthma
 - b. Executive summary
 - c. Methodology
 - d. Recommendations (possibly separate)
- II. Prevalence and Incidence Data
 - a. Risk Factors
 - i. Tobacco Use
 - ii. Obesity
 - iii. Poor Nutrition
 - iv. Physical Inactivity
 - v. Alcohol Abuse
 - b. Disease
 - i. Cardiovascular
 - ii. Cancers
 - iii. Lung
 - iv. Diabetes
 - v. Screening
- III. Mortality and Morbidly
 - a. Leading cause of death
 - b. Hospitalization data
 - c. Cumulative risk
 - d. Incidence of disease

- i. Delaware vs. nation/region
- IV. Disparities
 - a. Risk Factors and disease incidence
 - b. Including disabilities
- V. Healthcare Costs
 - a. Attributable risk estimates
 - b. Medicare and Medicaid costs
 - c. Healthcare expenditures
 - d. Lost productivity/YPLL
 - e. Smoking attributed morbidity, mortality and economic costs (SAMMEC) analysis
 - f. Literature review/obesity costs studies
- VI. Forecasting Future Costs
- VII. Council Recommendations (What needs to be done in Delaware to reduce...)
 - a. Prevalence of risk factors
 - b. Incidence of chronic diseases
 - c. Associated healthcare costs

Mr. Breukelman then requested input from the council on what needs to be included in the assessment.

Dr. Hoge asked that screening behaviors be added to risk behaviors and diseases in the prevalence section of the outline. Dr. Hassink asked for inclusion of discussion of cumulative risk, communities at risk, and risk clusters. Other requests included looking at the impact of mental health and disabilities, and including information on the “cost to the individual.”

Discussion of the burden of lifestyle-related disease report closed with ideas about how to make the report more readable and have greater impact. Several members requested that positive information about “what’s to be gained” should lead, based on data about health and financial burden which would follow.

Following the discussion regarding the burden report the meeting was adjourned.

Presentations and handouts from the meeting are available on the CHPDP web page on the Division of Public Health web site at:

<http://dhss.delaware.gov/dph/dpc/chpdp.html>

Public Comment

Public Comment was not provided.

Documentation

Meeting agenda and minutes are available at your request. Any requests for documents should be emailed to Katie Hughes at HughesKatherine@yahoo.com.

Future Meeting(s)

The next Health Promotion Disease Prevention Council meeting is scheduled for **March 15, 2011** at **Eden Hill Medical Center 3rd Floor Conference Room, Dover, DE.**